



Human Pesticide Exposure Report Form

for Health Departments and Health Care Providers

Please fax to: TDH Environmental Epidemiology and
Toxicology Division
Attn: PEST Program
Fax number: (512) 458-7169
Phone: (512) 458-7269 or (800) 588-1248

Staff member filing report: _____
Business Name/Address: _____

Phone number: () _____
Fax number: () _____

**** Please complete and return this form within 24 hours of receiving incident reports ****

Exposed Individual's Contact Information

Name: _____
First M.I. Last
Address: _____
Number Street Name (Apartment)

City State Zip
Telephone () _____
Date of Birth ____ / ____ / ____ **Age:** ____ years **Gender:** ☐ Male ☐ Female

Exposure Incident Information

Date of Event/Exposure: ____ / ____ / ____ (Or approximate date)
Brief Description of Event (how was the patient exposed?): _____

Did the exposure occur while the person was working? ☐ Yes ☐ No
Chemical/Type of pesticide (if known) ex. Organophosphate: _____

Health and Medical Information

Symptoms reported by complainant: _____

Was medical treatment sought by the exposed individual(s)? ☐ Yes ☐ No (If yes, continue health info.)
Date of treatment/appointment: ____ / ____ / ____ (or approximate date)
Physician or Medical Facility and City: _____

Diagnosis (if available): _____
Were biological tests conducted? ☐ Yes ☐ No (If yes, please indicate type of test below)

Type of test	<input type="checkbox"/> Plasma Cholinesterase	<input type="checkbox"/> RBC Cholinesterase
	<input type="checkbox"/> Urinary Metabolites	<input type="checkbox"/> Other (specify) _____

To be completed by TDH

Medical Phone Number _____
Date received by PEST Program _____

Fax Number _____
PEST Staff Receiving Report _____